



Office of Public Instruction  
Linda McCulloch,  
Superintendent  
PO Box 202501  
Helena, MT 59620-2501

## Summer Food Service Program Training Certification

Sponsor Name \_\_\_\_\_ Agreement Number \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Date(s) of Training Session(s) \_\_\_\_\_

Number of Attendees at each Site \_\_\_\_\_

Subject areas covered in training Session(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete and mail to: **Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.**

I certify that required training has been conducted for all sponsor and site personnel to include all applicable federal regulations and that attendance records will be maintained in sponsor files. I also certify that no site will operate the Summer Food Service Program unless site personnel have been trained.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_